

Application for Access to Records Freedom of Information Law (FOIL) Monroe County, New York

I hereby apply to	□inspect	□obtain a copy of the following records:*
Please be specific:		
Name: (please print)		Signature:
Representing: (if applicab	ble)	Date:
Mailing Address:		Telephone: (include area code)
City, state, zip code:		

*There is no charge for the inspection of documents; however, if duplication is requested by you, a charge of \$.25 per page is payable to Monroe County.

Notice: You have a right to appeal denial of this application.

Send Request to:

Monroe County Access Officer 204 County Office Building • 39 West Main Street • Rochester, New York 14614 Phone: (585) 753-1080 • fax: (585) 753-1068 • www.monroecounty.gov